

ANNUAL SPRINKLER VALVE INSPECTION AND TRIP TEST

DATE _____

For use of this form, see TM 5-695

The proponent agency is Office of the Chief of Engineers

D.O.D. LOCATION _____

INSPECTOR or SUPERVISOR _____

BUILDING NO. | SYSTEM NO. | NO. OF SPRINKLERS | VALVE NO.

MANUFACTURER _____

TYPE OR MODEL _____ SIZE _____ YEAR _____

☐ FLOW SWITCH ☐ WET PIPE ☐ DRY PIPE ☐ DELUGE

----- TEST DATA -----

SUPERVISORY PRESSURE WATER GAUGE _____ AIR GAUGE _____

WATER SUPPLY PRESSURE STATIC _____ TRIPPED _____

WATER SERVICE VALVE POSITION: > ☐ SHUT ☐ WIDE ☐ CRACKED

DETECTION SYSTEM AIR PRESSURE _____

DETECTOR MANUFACTURER _____ MODEL _____

TYPE: > ☐ THERMAL AIR ☐ MECHANICAL ☐ ELECTRONIC

☐ RATE-OF-RISE ☐ SUPERVISED ☐ NON-SUPERVISED

SPRINKLER VALVE TEST (AVERAGE TIME TO TRIP) _____ SEC.

DELUGE VALVE TRIP TEST (EXHAUST SUPERVISORY AIR) _____ SEC.

TIME TO GET WATER TO THE INSPECTORS TEST VALVE _____ SEC.

TOTAL OF SUPERVISED DETECTORS INDIVIDUALLY TESTED _____

SUPERVISED DETECTOR GROUP TESTING: > ☐ YES ☐ NO ☐ NA

ACCELERATOR MANUFACTURER _____ MODEL _____

ACCELERATOR TRIP TEST: > ☐ SATISFACTORY ☐ UNSATISFACTORY ☐ NA

ALARMS TESTED: > ☐ WATER MOTOR ☐ ELECTRIC

☐ CENTRAL COMPUTER SYSTEM ☐ LOCAL

WAS INSPECTORS GAUGE USED OR CORRECTIONS MADE FOR GAUGE ERRORS ?

☐ INSPECTORS GAUGE ☐ GAUGE ERRORS

WERE ALL TESTS ABOVE SATISFACTORY ? ☐ YES ☐ NO

IF NO, DESCRIBE UNSATISFACTORY CONDITION AND PROPOSED REMEDIAL ACTION: _____

CONDITIONS FOUND: > _____ (POOR TO EXCELLENT = 1 TO 10)

VALVE BODY, CLAPPER FACING & SEAT RINGS _____

PIPING AND VALVE TRIM _____ ELECTRICAL _____

TESTS PERFORMED (BY WHOM) _____

ALL COMPONENTS RESET (BY WHOM) _____

WAS PROTECTION RESTORED AFTER TESTS ? ☐ YES ☐ NO

IF NOT, WHY ? _____

FLOW TEST RESIDUAL PRESSURE _____ PSI ☐ NA

ADDITIONAL REMARKS: _____